

**Testimony by Larry Minnix**  
**American Association of Homes and Services for the Aging**  
**Assisted Living Workgroup Update**  
**Senate Special Committee on Aging**  
**April 16, 2002**

Mr. Chairman and members of the Committee and staff,

Thank you for the opportunity to speak to the Committee today. I am Larry Minnix, CEO of the American Association of Homes and Services for the Aging (AAHSA).

AAHSA is a national nonprofit organization representing more than 5600 mission-driven, not-for-profit profit nursing homes, continuing care retirement communities, assisted living and senior housing facilities, and community service organizations. Every day, our members serve more than one million older Americans across the country. AAHSA and its members have long been committed to providing quality care and to meeting the needs of these individuals in a manner that enhances their self-worth and dignity, and that allows them to function at their highest level of independence.

I am here today representing the Assisted Living Workgroup (ALW). The ALW formed as a result of this Committee's hearing on assisted living held in April 2001. The ALW is over 50 national organizations encompassing the consumer community, providers, long-

term care and healthcare professionals, accrediting organizations, and state and federal organizations and agencies.

The ALW appreciates the opportunity that you have given us to develop a roadmap for assisted living. We take great ownership of this process. We are working diligently to furnish the Committee with a report in April 2003 that will outline specifically how the ALW recommends assisted living should operate.

We have been given one last chance to take responsibility for shaping the future of the assisted living field. Now is the time for us to be more consumer-oriented so that we may ensure that residents of assisted living have the highest quality of life and quality of care. We have very little time to be competing among ourselves, to be debating issues that are not "big picture issues". The ALW has made significant progress to reach these goals and we look forward to presenting our final report to you.

Issues of disclosure, quality, and unclear expectations have raised questions of confidence, which prompted you to ask organizations interested in the future of assisted living to convene. The ALW has begun to look at these issues and more as we work towards preparing a final report for this Committee. Through a consensus building process, we are hopeful that we will produce a document that will help shape a blueprint for assisted living in the future. One that not only maintains and improves quality, but also helps consumers understand the necessity of matching the services they require with the services that a facility can offer. By facilities being committed to fully disclose the

varying services they provide and consumers understanding the diversity of choices of settings, services and affordability this field has to offer, assisted living will continue to be a viable option for older Americans. The organizations that comprise the ALW are committed to the field and this process.

Assisted living has experienced phenomenal growth over the past 15 years due largely to the recognition that it provides a desirable, cost-effective and dignified living environment. Consumers favor it because they get the help they need with everyday living tasks and usually some health care in a residential setting – and they have a range of assisted living settings and services from which to choose. Assisted living's popularity is also due to a philosophy which values a wellness model- a blend of social and health services. Supportive services are provided in a way to maximize resident's dignity, autonomy, privacy, independence, and safety, i.e. "we will help you take care of yourself" versus "we will take care of you." The beauty of assisted living is that it covers a diverse array of services and settings to meet the varied and often complex needs of residents. A typical assisted living resident is a female aged 82 or older who is ambulatory but needs assistance with two to three personal activities, such as bathing, dressing, and medications. This resident needs our best effort in this process.

We thank you again for the opportunity to face these issues squarely and guide the future of this important part of the long-term care continuum.